**General/ Constitutional**

Chills O yes O no

Fatigue O yes O no

Fever O yes O no

Night Sweats O yes O no

Victim Domestic Violence YES NO

Weight Gain O yes O no

Weight Loss O yes O no

**Ophthalmologic**

Blurred vision O yes O no

Eye drainage O yes O no

Eye pain O yes O no

Glasses/ Contacts O yes O no

Light sensitivity O yes O no

**ENT**

Bleeding gums O yes O no

Dentures O yes O no

Ear pain O yes O no

Hearing problems O yes O no

Hoarseness O yes O no

Nasal congestion O yes O no

Ringing in the ears O yes O no

Sore throat O yes O no

Sore tongue O yes O no

**Cardiovascular**

Chest pain O yes O no

Dizziness O yes O no

Irregular heart rate O yes O no

Pain in legs (walking) O yes O no

Palpitations O yes O no

Pedal edema O yes O no

Shortness of breath O yes O no

Swelling in legs O yes O no

Tachycardia O yes O no

Varicose veins O yes O no

**Respiratory**

Chest pain O yes O no

Coughing up blood O yes O no

Exposure to Tuberculosis O yes O no

Pleuritic pain O yes O no

Shortness of breath O yes O no

Wheezing O yes O no

**Gastrointestinal**

Abdominal pain O yes O no

Acid reflux O yes O no

Black tarry stools O yes O no

Constipation O yes O no

Diarrhea O yes O no

Heartburn O yes O no

Hemorrhoids O yes O no

Vomiting O yes O no

**Genitourinary**

Blood in urine O yes O no

Burning with urination O yes O no

Frequent urination O yes O no

Urinary tract infection O yes O no

Impotence O yes O no

Urinary Incontinence O yes O no

**Musculoskeletal**

Arthralgias O yes O no

Back pian O yes O no

Joint pain O yes O no

Joint stiffness O yes O no

Limb pain O yes O no

Muscle pain O yes O no

**Integumentary**

Dry skin O yes O no

Jaundice O yes O no

Rashes O yes O no

Itchy skin O yes O no

**Neurologic**

Abnormal sensation on skin O yes O no

Dizziness O yes O no

Fainting O yes O no

Headache O yes O no

Memory loss O yes O no

Numbness or Tingling O yes O no

Room is spinning O yes O no

Seizures O yes O no

Tremor O yes O no

Unsteady gait when walking O yes O no

Vertigo O yes O no

**Hematologic/ Lymphatic**

Easy bruising O yes O no

Excessive bleeding O yes O no

Swelling of Lymph Nodes O yes O no

**Psychiatric**

Anxiety O yes O no

Crying spells O yes O no

Depression O yes O no

Feeling stressed O yes O no

Loss of interest O yes O no

Mood Swings O yes O no

Personality change O yes O no

PMS tension O yes O no

Poor concentration O yes O no

Recreation drug use O yes O no

Sadness O yes O no

Sleep disturbance O yes O no

Suicidal thoughts O yes O no

Patient Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_